PTO/SB/81 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

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Application Number

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		Title							
AUTHORIZATION OF	AGENT	Art Unit							
		Examiner Name							
		Attorney Docket Nu	mber	SP11	3.1	<i>_</i>			
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X Applicant/Inventor.									
Assignee of record of the entire int	erest. See 37 CFR	3 71							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name Bret A Ferree									
Signature Sulland									
Date (d26/03			Tele	ephone					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of forms are submitted									

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (05-03)

Approved for use through 04/30/2003, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **Attorney Docket Number** SP113.1 DECLARATION FOR UTILITY OR First Named Inventor **DESIGN** Ferree COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted after Initial Submitted OR Art Unit With Initial Filing (surcharge Filina (37 CFR 1.16 (e)) Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Expanding Arthroplasty Devices (Title of the Invention) the specification of which X is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s), for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date Priority Certified Copy Attached? Country (MM/DD/YYYY) **Not Claimed** Number(s) Yes

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INVENTOR:								
Bret A. Given Name (first and middle [if any])			Ferree Family Name or Surname					
Inventor's Signature		Date 6/26/03						
Cincinnati	ОН		US	US				
Residence: City State 1238 Cliff Laine Drive			Country	Citizenship				
Mailing Address								
Cincinnati	ОН		45208	US				
City	State		ZIP	Country .				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor.								
iven Name irst and middle [if any])			Family Name or Surname					
Inventor's Signature				Date				
Residence: City	State		Country	Citizenship				
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City Additional inventors are being named on the su	State	anal lave	ziP entor(s) sheet(s) PTO/SB	Country				